



MONTANA BOARD OF SPEECH-LANGUAGE
PATHOLOGISTS AND AUDIOLOGISTS
301 S PARK, P O BOX 200513
HELENA, MT 59602
406-841-2385

License No. _____
Renew Date: _____
Status: _____
Pin #: _____

Name: _____
Address: _____
City: _____ State: ____ Zip: _____

ADDRESS CORRECTION ONLY:
Name: _____
Street: _____
City: _____
State: _____ Zip/Country: _____

Your Montana Speech Pathologist/Audiologist license will expire on February 1st.

In order to renew your License:

- 1) Complete the renewal application.
- 2) Answer the disciplinary question at the bottom of the form.
- 3) Submit a check or money order for **\$100.00** make payable to the Board of Speech Pathologists and Audiologists. Do not send cash. Canadian Residents pay in U.S. funds only.
- 4) Sign and date the renewal form.
- 5) Return the renewal application and fee to the Board office postmarked by February 1st
- 6) The Inactive fee is \$50.00. You may not exceed 5 years on inactive status. You will not receive a license or another renewal form until you reactivate your license.
- 7) If you do not wish to renew, please indicate on this form, answer the disciplinary question, sign and date below.
- 8) Incomplete or unsigned renewal applications will not be processed and will be returned.

CONTINUING EDUCATION REQUIREMENT AND STATEMENT: NOT required this year.

Please provide the following information for the Board's records:

Employer's Name: _____ Telephone Number: _____

Employer's Address: _____

SUPERVISORS OF AIDES:

I affirm that my aide mid-year verification remains the same as identified on the aide registration form on file in the board office. YES _____ NO _____

If No, please comment about the changes: _____

Legislation passed in the 2005 session provides that a licensee has 45 days to renew his/her license after the deadline by paying both the renewal fee and the late fee. Anyone renewing 46 days or more after the deadline may have a complaint file opened, and the possibility of unlicensed practice will be addressed by the Board through its disciplinary process.

Yes _____ No _____ **Have any legal or disciplinary actions been instituted against you since your renewal? If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.**

Your Signature: _____

Date: _____